Title of Invention

As the below named inventor(s), I/we declare that:

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An Adhesion Deficient Isolate of Flavobacterium Columnare Against Columnaris Disease

## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

This declaration is directed to:						
☐ The attached application, or						
☐ Application No						
as amended on	(if applicable);					
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;						
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;						
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.						
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
ELILL MAME OF INIVENTORIES						
FULL NAME OF INVENTOR(S)						
Inventor one: Joel A. Bader						
Signature: Joel U. Bades	Citizen of: U.S.					
Inventor two: Craig A. Shoemaker	<del></del>					
Signature: Larg A. Morench	Citizen of: U.S.					
Inventor three: Phillip H. Klesius						
Signature: Prise ig A. Klesius	Citizen of: U.S.					
Inventor four:						
Signature:	Citizen of:					
Additional inventors are being named on additional form(s) attached hereto.						

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		Applica	ation Number	<u> </u>		
		Filing Date				
		First N	am d Inventor	Joel A. E	Bader	
		Title		An Adhesion Deficient Isolate of Flavobacterium Columnare Against Columnaris Disease		
		Art Unit				
		Examir	ner Name			
		Attorney Docket Number		0180.03		
OR	ers at Customer Number		25712			
□ Practition	er(s) named below:					
	Name		Registration	n Number		
	attorney(s) or agent(s) to prosecut n the United States Patent and Tra				d to transact all	
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR						
□Firm or Individual Name	9					
Address				· · · · · · · · · · · · · · · · · · ·		
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City		Sta	te		Zip	
Country						
Telephone		Fax				
I am the:  ☑ Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name	Joel A. Bader					
Signature Joel a. Dash						
Date 2-5-04						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
★Total of 3 forms are submitted.  This collection of information is provided by 27 CER 4.24 and 4.23. The information is provided to obtain a specific by the public which is to file (and by the public of the file (and by the file (and by the public of the file (and by the f						

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		Appli	cation Number				
POWER OF ATTORNEY OR		Filing	Date				
		First	Named Inventor	Joel A.	Joel A. Bader		
AUTHORIZATION OF AGENT		Title		Flavobact	An Adhesion Deficient Isolate of Flavobacterium Columnare Against Columnaris Disease		
		Art U	nit				
		Examiner Name					
		Attor	ney Docket Numbe	0180.03			
I hereby appoint:  ☐ Practitioners at Customer Number  OR  ☐ Practitioner(s) named below:			25712				
	Name		Registrat	ion Number	n Number		
<u></u>							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR							
□Firm <i>or</i> Individual Name							
Address							
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City		St	ate		Zip		
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I am the:  ☑ Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name	Craig A. Shoemaker						
Signature	Signature Cars A. Moemali						
Date	2/4/04						
NOTE: Signatures of al Submit multiple forms it	I the inventors or assignees of red f more than one signature is requi	ord of t	he entire interest or below*.	heir representa	ative(s) are required.		
☑ *Total of <u>3</u> form	ns are submitted.						

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		Appl	ication Number					
		Filin	g Date					
		First Named Inventor		Jo I A	Jo I A. Bader			
		Title		Flavoba	An Adhesion Deficient Isolate of Flavobacterium Columnare Against Columnaris Disease			
			Art U	Init				
			Exan	niner Name				
			Atto	ney Docket Number	er 0180.0	0180.03		
I hereby appoi ☑ Practitions OR		Customer Number	Γ	05740				
□ Practitioner(s) named below:								
		Name		Registra	ation Numbe	Number		
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
_		correspondence address for t tioned Customer Number.	he ab	ove-identified app	plication to:			
OR		Total Gustamor Humbon.						
□Firm or Individual Name	е							
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Address								
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Country							• •	
Telephone			F	ax			·*····································	
I am the:  ☑ Applicant/	Invent	or.						
□ Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name		Phillip H. Klesius						
Signature Spill A. Klesius  Date								
Date	Date 2/5/04							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
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